



39874 Golfers Dr.
 Palmdale, CA 93551
 310-403-4863

ISLAcademy@IndelibleSilverLinings.Academy

OUR MISSION

To embrace the pursuit of excellence both inside and outside the classroom. We encourage critical thinking through STEAMM education and emphasize the learning process over rote memorization.

School Registration Form

Additional documents for registration will be required. Upload this registration form and the following documentation to the school office. • Original Certified Birth Certificate• Original Social Security Card• Current Physical exam within 12 months and Updated Immunization Record• Current Proofs of Residence (ex. power, water or gas bill)• Other - Parent ID and Social Security Card, Last 2 year Tax returns , Current 2 Months Pay-stub. (Financial information will be used to for income-based tuition & scholarships.)

STUDENT INFORMATION		
FIRST NAME:	LAST NAME:	
BIRTH DATE:	ETHNICITY:	
GENDER:	PRONOUNS:	
EMAIL:		
ENTRY YEAR:	GRADE:	SEMESTER:
Have you previously applied to or attended this school?	YES	NO
If yes, what year?		

CURRENT RESIDENCE INFORMATION	
STREET ADDRESS:	APT/UNIT/SUITE:
CITY:	STATE/PROVINCE:
ZIP/POSTAL CODE:	COUNTY:



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PREVIOUS SCHOOL INFORMATION

NAME:	CITY:	
STATE/PROVINCE:	HIGHEST GRADE:	
DATE STARTED:	DATE ENDED:	
Have you ever been expelled, suspended or had any disciplinary action against you by this school?	YES	NO
If yes, Please give a brief explanation below?		
NAME:	CITY:	
STATE/PROVINCE:	HIGHEST GRADE:	
DATE STARTED:	DATE ENDED:	
Have you ever been expelled, suspended or had any disciplinary action against you by this school?	YES	NO
If yes, Please give a brief explanation below?		
NAME:	CITY:	
STATE/PROVINCE:	HIGHEST GRADE:	
DATE STARTED:	DATE ENDED:	
Have you ever been expelled, suspended or had any disciplinary action against you by this school?	YES	NO
If yes, Please give a brief explanation below?		



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MEDICAL INFORMATION

YOUR PREFERRED DOCTOR'S NAME		
ADDRESS:	SUITE/UNIT:	
CITY:	STATE:	
YOUR DOCTOR'S NUMBER:		
PREFERRED HOSPITAL IN CASE OF EMERGENCY:		
INSURANCE/HEALTH COVERAGE (COMPANY)		
PHONE NUMBER		
DO YOU HAVE ANY FOOD OR MEDICATION ALLERGIES? IF YES, PLEASE LIST THEM:	YES	NO
DO YOU HAVE ANY CHRONIC HEALTH CONCERNS? IF YES, PLEASE LIST THEM:	YES	NO
DO YOU HAVE ANY CHRONIC HEALTH CONCERNS? IF YES, PLEASE LIST THEM:	YES	NO



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PARENT/GUARDIAN INFORMATION

FIRST NAME:	LAST NAME:
STREET ADDRESS:	APT/UNIT/SUITE:
CITY:	STATE/PROVINCE:
ZIP/POSTAL CODE:	COUNTY:

EMERGENCY CONTACT

BEST CONTACT NUMBER	
EMAIL:	
SECOND CONTACT PERSON	
BEST CONTACT NUMBER	

Please inform the office of any other vital information you think they may need to know in the event of an emergency.

Kind Regards
Indelible Silver Linings Academy
California Public Benefit Nonprofit 501(c)(3)

Lee A. Selico II, Principal/ Executive Director